

Registration District No. 461 Primary Registration District No. 3024 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution:
626 Highland ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lafayette
(c) City or town City
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Highland ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Eliza Maude Wedge 3W
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 28
year 1940 hour 1 minute 30 P. M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Thomas Wedge 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 16 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-26, 1940 to 7-26, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 01 10 hr. min.

Immediate cause of death Myocardial infarction
Cholelithiasis
Due to myocarditis + cholelithiasis
Due to General debilitation
Duration _____

9. Birthplace Lexington MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
12. Name Joseph Perry
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Ripham
15. Birthplace Lexington, MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

16. (a) Informant's own signature Earl Wedge
(b) Address Lexington, MO
17. (a) Burial (b) Date thereof July 28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, MO
18. (a) Signature of funeral director Winkles
(b) Address Lexington, MO
19. (a) Aug 9-1940 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

Major findings: Myocardial degeneration
impregnated 9 bath lungs
Of autopsy: General musculature degeneration
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? CO
CO While at work? (Specify type of place) (e) Means of injury _____
23. Signature EM Wedge (M. D. or other) Carover
Address Ocala, MO Date signed 7/28/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

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RECEIVED
District Health Officer No. 8
District File Number
8-13-40
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Garret J. Limpel
Licensed Embalmer No. 3275-
P. O. Address Livingston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 255-65
Registrar's No. 61

Registration District No. 461

Primary Registration District No. 3024

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lafayette
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days
3. (a) PRINT FULL NAME Eliza Marie Wedge
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years 62 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 26
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia bilateral
myocarditis + ends
carditis, chronic
Due to: renal debilitation

Other conditions (Include pregnancy within 3 months of death)
Major findings of operations: myocardial degeneration
enlargement of both lungs
Of autopsy: hypertension

Duration _____
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(M. D. or _____)
23. Signature: E.B. Nisbet (M. D. or _____)
Address: Odessa, Mo Date signed _____

SUPPLEMENTAL

